

# PETITION FOR PHASE CHANGE

## LAC OR LAMFT

### *RECOMMENDATION FOR BOARD APPROVAL OF PHASE CHANGE*

**Forward with the Evaluation and CCH Report indicating completion of *Phase/Phases***

Name \_\_\_\_\_ License number \_\_\_\_\_

*Change to Phase*      *II*      *III*  
Circle One

Yes, I recommend that \_\_\_\_\_ be placed in *Phase* \_\_\_\_\_ .

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Supervisee \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Board approves \_\_\_\_\_ to be placed in *PHASE* \_\_\_\_\_  
needing \_\_\_\_\_ CCH to complete.

Board does not approve \_\_\_\_\_ to be placed in *PHASE* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach additional sheet for comments if needed.

# ***PETITION FOR LICENSE CHANGE***

**Forward with revised Statement of Intent**

\_\_\_\_\_ ***LAC CHANGE TO LPC***

\_\_\_\_\_ ***LAMFT CHANGE TO LMFT***

Yes, I recommend that \_\_\_\_\_ petition to change license status,

having completed all three (3) *Phases*. I recommend that the Board schedule

the oral examination for the LPC LMFT license.  
Circle one

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Supervisee \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Board will schedule appointment for Oral Examination on \_\_\_\_\_.  
*Date*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach additional sheet for comments if needed.

Revised 11-1-00